



**LINKEDHEALTH INNOVATIONS**

Connecting Healthcare "Talk"



## Patient Communication Checklist

**Summary:** The goal of this document is to communicate in writing your expectations when communicating to your doctors, caregivers and any other healthcare professionals responsible for both your care and your patient experience. While not an actual contract, the form should be used to set communication expectations and as measurement tool.

**Patient Name:** Jane Doe

**Date of appointment:** 10/03

**Patient DOB:** 01/20/1961

**Patient Medications with amount and time of day taken:** (all doctors/nurses need this information please make sure as a patient to provide this information)

Ex. Morning time: 1 Lisinopril (20mg), 1 Amlodipine (10mg)  
Noon: Folic Acid (1mg), Bupropion HCL/XL (300mg)  
Before Bed: Metoprolol (25mg), Rosuvastatin (5mg)

**Patient's most recent issues and the doctors they have seen:** (Primary care doctor does not always get this information)

Ex. Sacred Heart Wound Care—Sores on my leg  
Dr. Bosarge—Vascular Doctor (looked at blood flow to my leg)

**What was my weight and /blood pressure today:** Weight 210, BP 136 / 87

## Doctors and nurses please consider the following:

- Please speak clearly and slowly where I can see your mouth.
  - I have a hard time comprehending.
  - I am deaf and hard of hearing.
  - I have high anxiety at the doctor's office or hospital setting.
- Please allow me time to think and ask questions before I leave.
  - Due to my anxiety, I am easily confused.
  - I am on medication to help with this.
- Please summarize what was discussed today and what the plan of action is before I leave so I can ask questions.
  - I struggle with staying on topic so please forgive me if I get off topic.
  - My mind is not always clear due to my anxiety.
  - I don't always understand the terminology and why things are happening.
- Please provide a printed-out summary of what we discussed, my medications, my next appointments and any referrals that have been made and why.
- I don't always understand the terminology and why things are happening. If I have this information, it will help me look things up and share the information with my family members.
- If Hospitalized, I will need the following before I go home:
  - List of old and new medications and when I need to take my medications.

I live alone and may need help the first week or two.  
Please inform the **Discharge Nurse and Social workers.**

Please provide me with a printout or email me of all my follow up appointments needed, when I should make those appointments and their contact information.

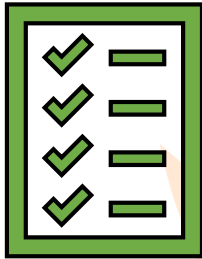
Doctors and Nurses Please feel free to help me by writing (or allowing me time to write) down any of the above information below: (Diagnosis if any, Medications I need to take or stop taking, future appointments, Plan of action, things I need to cut back on, blood work or tests I need to get and why)

**Feel Free to Print and take along with you to your next Doctor or Medical Appointment. We recommend you have one printed, filled out and ready to go if you or a loved one has chronic conditions or seeks medical treatment on a regular basis.**



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